



Patient Details (Complete Fully OR Attach an Addressograph Label inside the dotted line below):

Surname																						
First Name											Male	☐	Female	☐								
Date of Birth			/			/					Ethnicity (if relevant)											
Patient's Address:																						

Clinician		*Referral lab address and Specimen Number	Clinician's Telephone:		
Hospital			This is mandatory to ensure the doctor can be contacted during routine laboratory working hours 8am to 8pm.		
Clinician's Signature					
M.C.R.N.					
Date Taken:		Time Taken:		Date/Time Received:	

TEST		Sample Type	Sample handling and dispatch
Alzheimer's Biomarkers (ALZH)	☐	CSF	Please ensure that pre-analytical requirements (see below) are met

1.) Clinical Presentation – NB please fill in details

Background		FIRST symptom	Please tick	Clinical Diagnosis	Please tick
Age at onset of clinical symptoms		Memory	☐	Amnesic MCI	☐
MMSE		Language	☐	Non-amnesic MCI	☐
MOCA		Visuospatial	☐	Alzheimer's Disease	☐
		Behaviour	☐	Primary progressive aphasia (PPA) semantic variant	☐
		Executive Functions	☐	PPA logopenic variant	☐
		Others	☐	PPA nonfluent variant	☐
				Behavioral variant frontotemporal dementia	☐
				Other	☐

2.) Treatment:

Is patient receiving AD medication	Yes/No	
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Sample Requirements for Alzheimer Biomarker Testing on CSF

General Information / Sample Requirements

CSF must be obtained aseptically by Lumbar puncture into Sterile Polypropylene 10ml tubes (Sarstedt REF: 62.9924.284) for CSF. (2.5ml of CSF required) – **samples must be centrifuged within 2hrs of collection:**

1. Where External Institutions cannot guarantee immediate delivery, samples must be centrifuged at 2000rcf (3300rpm) for 10mins at Room Temp **within 2hrs** of collection.
2. The supernatant should be carefully aspirated using **polypropylene pipette tips** and transferred as 0.5ml aliquots into clean **polypropylene tubes**.
3. Once collected and processed aliquots must be stored upright until frozen and maintained at -80°C.
4. A minimum of two (ideally 4) 0.5mL aliquots must be transported frozen on dry ice to the Immunology Department, St James's Hospital. Remaining CSF aliquots can be stored at -80°C for up to two years.
5. ***Please ensure requesting hospital and referral specimen number are clearly stated.**

***PLEASE CONTACT LABORATORY ON 01-4162925 TO INFORM OF SAMPLE DISPATCH**

***MARK 'URGENT FOR IMMUNOLOGY' ON PACKAGE**

****SAMPLES WILL BE ACCEPTED MONDAY TO FRIDAY BEFORE 4PM**